

# **PART-TIME EMPLOYMENT APPLICATION**

## **CITY OF RALEIGH**

### **PARKS & RECREATION DEPARTMENT**

**PLEASE READ CAREFULLY:** All requested information must be furnished. The information you give will be used to determine your qualifications for employment. It is **IMPORTANT** that you answer all questions on your application fully and accurately.

If an item does not apply to you, or if there is no information to be given, please write in the letters "N.A." for Not Applicable.

This record will be strictly confidential and the exclusive property of the City of Raleigh, North Carolina.

The City of Raleigh complies with the Immigration Reform and Control Act of 1986.

All employees must provide documentation to verify identity and employment eligibility within the first three days of employment with the City of Raleigh.

The City of Raleigh is an equal opportunity employer and does not discriminate on the basis of race, sex, color, creed, age, disability, sexual orientation, or national origin.



**Equal Opportunity Employer**

**2401 Wade Avenue, Raleigh, N.C. 27607**  
**(919) 831-6640**

## PERSONAL DATA

1. Position for which you are applying: \_\_\_\_\_ Division: \_\_\_\_\_

2. Name of Applicant  
\_\_\_\_\_  
Last Name First Middle

3. Phone (Area Code/Number)  
\_\_\_\_\_  
Home Office Other

4. Social Security Number: \_\_\_\_\_

5. Present Mailing Address  
\_\_\_\_\_  
(Number and Street, RFD or Post Office Box Number)

\_\_\_\_\_  
City County State Zip Code

6. Permanent Address (If other than shown above)  
\_\_\_\_\_

7. Name of person to be notified in case of emergency  
\_\_\_\_\_  
Name Relation  
\_\_\_\_\_  
Address Phone

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Grade School High School	HIGH SCHOOL EQUIVALENCY TEST Date Passed _____ State Awarded _____ Where Taken _____	COLLEGE Indicate number of credit hours received _____
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Schools	Name and Location	DATES ATTENDED From: To:		Graduated	Type of Diploma or Degree	Major or Field of Study
High School				YES <input type="checkbox"/> NO <input type="checkbox"/>		
Tech Inst. or Schools				YES <input type="checkbox"/> NO <input type="checkbox"/>		
College(s) or University (s)				YES <input type="checkbox"/> NO <input type="checkbox"/>		
Graduate School				YES <input type="checkbox"/> NO <input type="checkbox"/>		

## WORK HISTORY

If applicable, in the space below give your employment history, beginning with your PRESENT or most recent employer. And list position held, including military, part time, summer, and volunteer work.

A. Name and Business Address of Employer: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Title of position: \_\_\_\_\_

Is this part-time ☐ or full time ☐ Number of hours worked per week: \_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_

Description of duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving or desiring a change: \_\_\_\_\_

May we contact your present employer regarding your record of employment? Yes ☐ No ☐

\_\_\_\_\_

B. Name and Business Address of Employer: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Title of position: \_\_\_\_\_

Is this part-time ☐ or full time ☐ Number of hours worked per week: \_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_

Description of duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving or desiring a change: \_\_\_\_\_

May we contact your present employer regarding your record of employment? Yes ☐ No ☐

\_\_\_\_\_

C. Name and Business Address of Employer: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Title of position: \_\_\_\_\_

Is this part-time ☐ or full time ☐ Number of hours worked per week: \_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_

Description of duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or desiring a change: \_\_\_\_\_

May we contact your present employer regarding your record of employment? Yes ☐ No ☐

### **MILITARY SERVICE**

9. Have you ever served in the U.S. Armed Forces? Yes ☐ No ☐ (If "Yes", complete items 10 through 14)

10. Branch of Service \_\_\_\_\_ 11. Active Duty: From \_\_\_\_\_ To \_\_\_\_\_

12. Rank upon separation/discharge \_\_\_\_\_ 13. Date of final discharge \_\_\_\_\_

14. Describe special training and military assignments related to applied for (if applicable):

Answer items 15 through 20 by placing an "X" in the proper check box.

15. Are you currently employed with the city of Raleigh? Yes ☐ No ☐

16. Are you related by blood or marriage to an person now employed by the City of Raleigh? Yes ☐ No ☐  
if "Yes" give name and relationship in item 22.

17. Are there any physical disabilities, impairments or other handicaps that require reasonable accommodation to enable you to perform the duties of this position? Yes ☐ No ☐  
If "Yes" explain in item 22.

18. Have you ever been dismissed or forced to resign from any position Yes ☐ No ☐  
Give complete details in item 22.

19. Have you ever been convicted of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? NOTE: A conviction does not automatically mean that you cannot be considered for employment with the City of Raleigh. Yes ☐ No ☐

20. Are you licensed to operate a vehicle? License No. \_\_\_\_\_ State \_\_\_\_\_  
Do you have a Class B driver's license? Yes ☐ No ☐

21. List three persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for this position for which you are applying. DO NOT repeat names of supervisors listed under WORK HISTORY.

A. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Present Address (include zip) \_\_\_\_\_  
Business or Occupation \_\_\_\_\_

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B. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Present Address (include zip) \_\_\_\_\_  
Business or Occupation \_\_\_\_\_

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C. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Present Address (include zip) \_\_\_\_\_  
Business or Occupation \_\_\_\_\_

22. Space for detailed answers. Indicate item number to which answers apply.

ITEM NO.	DETAIL

**PLEASE READ THE FOLLOWING STATEMENT CAREFULLY**

**DECLARATION OF APPLICATION:**

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions and that the information I have provided in this application for employment is subject to verification by the City of Raleigh. I am aware that should an investigation disclose any misrepresentation, omission, or falsification, my application may be rejected, or if already employed, may be terminated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for making application for employment with the City of Raleigh

